



I hereby certify that the evidence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:
Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date identified below.

By: THOMAS M. GALGANO

Date: July 24, 2008

PATENT
DOCKET NO.: 1310-2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : JOSEPH E. PORCELLI
SERIAL NO. : 09/356,771 Refund Ref: 12/08/2008 0030064356
FILED : JULY 16, 1999 Credit Card Refund Total: \$405.00
TITLE : CAR AND TRUCK BEVERAGE HOLDER As Exp.: XXXXXXXXXX1004
EXAMINER : NASCHICA S. MORRISON
ART UNIT NO. : 3632

RENEWED PETITION PURSUANT TO 37 C.F.R. §1.137(b)

Mail Stop Petition
Commissioner for Patents
United States Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This Renewed Petition pursuant to 37 C.F.R. §1.137(b) is in response to the Decision on Petition Pursuant to 37 C.F.R. §1.137(b) dated March 24, 2008 denying Applicant's Petition To Revive the above-identified application, as a result of unintentional delay.

07/29/2008 SSANDARA 00000021 09356771

01 FC:2252

230.00 OP

Adjustment date: 12/08/2008 CKHLOK
10/25/2007 EAYALEW1 00000042 09356771
02 FC:2001 -405.00 OP

by the representative explaining the cause of the delay and accompanied by correspondences from the relevant time period.

Applicant respectfully submits that the additional information and documentation submitted herewith clearly establishes that there was no intention to abandon the application and that during all 3 periods the delay was unintentional.

Finally, Applicant hereby requests a two month extension of time in which to respond to the Decision on Petition. Credit Card payment form no. PTO-2038 in the amount of \$230.00 is enclosed to cover the official fee. Any fee deficiency or overpayment may be charged or credited to Deposit Account No.50-3990.

Accordingly, in view of the foregoing, Applicant respectfully requests that its Renewed Petition under §1.137(b) to revive the application be granted.

Respectfully submitted,

JOSEPH E. PORCELLI



Thomas M. Galgano (27,638)
GALGANO & ASSOCIATES, PLLC
Attorneys for Applicant
20 West Park Avenue, Suite 204
Long Beach, New York 11561
Telephone: 516.431.1177

TMG/jgb/jgg

Enclosures: Declaration of Thomas M. Galgano (w/Exhibits A-F)
Declaration of Joseph E. Porcelli
USPTO Form 2038 in the amount of \$230
Postcard

F:\G&b\1310\2\renewedpetition.wpd

UNITED STATES PATENT AND TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	11/24/08	2 Serial/Patent #	09356771								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input checked="" type="checkbox"/>	Other RCE	none	10/25/08	\$ 405.00							
		7 TOTAL AMOUNT OF REFUND	\$ 405.00								
8 TO BE REFUNDED BY:											
<input type="checkbox"/>	Treasury Check										
<input type="checkbox"/>	Credit Deposit A/C #:										
<input checked="" type="checkbox"/>	9 <table border="1"><tr><td></td><td></td><td>--</td><td></td><td></td><td></td><td></td></tr></table>						--				
		--									
10 REASON:											
<input type="checkbox"/>	Overpayment										
<input checked="" type="checkbox"/>	Duplicate Payment										
No Fee Due (Explanation):											
Original payment received on 3/8/07.											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME:		Paul Shanoski		TITLE: Senior Attorney							
SIGNATURE:		/Paul Shanoski/		PHONE: 571-272-3225							
OFFICE: Office of Petitions											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****											
APPROVED:		DATE: 12/8/08									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B